

SENDER WILL CHECK CLASSIFICATION TOP AND BOTTOM			
	UNCLASSIFIED	<del>CONFIDENTIAL</del>	SECRET
CENTRAL INTELLIGENCE AGENCY OFFICIAL ROUTING SLIP			
TO	NAME AND ADDRESS	INITIALS	DATE
1	Ch D/GC	RH	11-3
2	ch/G		
3			
4			
5			
6			
<input checked="" type="checkbox"/>	ACTION	<input type="checkbox"/> DIRECT REPLY	<input type="checkbox"/> PREPARE REPLY
	APPROVAL	<input type="checkbox"/> DISPATCH	<input type="checkbox"/> RECOMMENDATION
	COMMENT	<input type="checkbox"/> FILE	<input type="checkbox"/> RETURN
	CONCURRENCE	<input type="checkbox"/> INFORMATION	<input type="checkbox"/> SIGNATURE
Remarks: <div style="background-color: black; width: 100px; height: 40px; display: inline-block;"></div> 25X1A9a <i>Please take care of request in # 546.</i>  <i>Action completed RH</i>			
FOLD HERE TO RETURN TO SENDER			
FROM: NAME, ADDRESS AND PHONE NO.			DATE
Ch/G			13 Feb.
	UNCLASSIFIED	<del>CONFIDENTIAL</del>	SECRET

FORM NO. 237  
1 APR 55Replaces Form 30-4  
which may be used.(40)  
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